

Incident Report

Print Date/Time: 07/30/2016 11:16

Login ID: ss0100 Lake Stevens Police Department

Male

12/28/1984

ORI Number: WA0311900

Incident: 2016-00013051

Incident Date/Time: 7/6/2016 6:49:00 AM

Location: 20TH ST SE / 75TH AVE SE

LAKE STEVENS WA 98258

Phone Number:

Report Required: Yes

Prior Hazards: No LE Case Number:

Incident Type: Collision

Venue: Lake Stevens

Source: Officer-Initiated

Priority: 3 3 Status:

Nature of Call:

Unit/Personnel

Unit Personnel 19D2 SS0132-Kilroy

19D3 SS0134-Lyons

Person(s)

1

2

No. Role Name Address Phone Race Sex DOB Driver 8124 143RD AVE (425) 244-4286 White Male 11/24/1967

BYRON, JERRY

AREGA

ANTHONY

MENGISTU, MEKIBIB

Lake Stevens WA 982589635

811 112TH ST

(206) 446-0987

Everett WA 982047852

Vehicle(s)

Role Type Year Make Model Color License State

AQG8483 Involved Vehicle Involved Vehicle C26220D

Disposition(s)

Disposition Count

Driver

Property

Date Code Туре Make Model Description Tag No. Item No. 07/06/2016: 06:49:31 SP0367 Narrative: NON-INJ, NON-BLKING

Collision Report

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	2 3 27				
	INTERSTATE CITY STREET V FIRE RESULTED 2					
1 1	STATE ROUTE OTHER OTHER LOCAL AGENCY CODING					
2 1	TRIBAL RESERVATION COUNTY RD PRIVATE WAY INVOLVED INVOLU	1 8 28				
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # 2 DATE OF COLLISION 07 - 06 - 2016 0649 31 S W OF 0664 3					
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION	0 1 29				
4a	20TH ST SE BLOCK NO. MILE POST MILE P					
5	DISTANCE OF (REFERENCE OR CROSS STREET) MILES N E 75TH AVE SE FEET S W					
	UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET VES NO V PHONE D: 2064460987	0 7 30				
6 2	LAST NAME MENGISTU FIRST NAME MEKIBIB MIDDLE INITIAL A					
	STREET NEW ADDRESS 811 112TH ST SW APT H306					
7	CITY EVERETT ST WA ZIP 982047852	1 2 31				
8	CDL RESTRICTIONS ENDORSEMENTS 2					
9 1	DRIVER'S LICENSE # MENGIMA167R8 STATE WA SEX M D.O.B. MMDDYYYY 12 _ 28 _ 1984					
10 1	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	1 2 32				
11 3 5	LICENSE PLATE # AQG8483 STATE WA VIN# 1G2NE12T4XM734300					
12 3 5	TRAILER PLATE # STATE TRAILER PLATE # STATE					
13 4	VEH. YEAR 1999 MAKE PONT MODEL GRMCP STYLE CP VEHICLE TOWED TOWED BY REGISTERED OWNER INFO. MEKIBIB MENGISTU 811 112TH ST SW EVERETT WA 98204 VEHICLE TOWED TOWED BY YES NO V VEHICLE TOWED BY					
14 4	LIABILITY INSURANCE IN DAMAGED AREA LIABILITY INSURANCE IN DAMAGED AREA SHADE IN DAMAGED AREA 1 STATE FARM 385 8012-E12-47B	3 9 ₃₄				
15 2	VEHICLE YES NO CITATION # CHARGE CHARGE CHARGE TO BOTTOM TO BO	4 35				
16 2	UNIT 02 VEHICLE VEHICLE PEDESTRIAN OWNER VES NO D: 4252444286	4 36				
	LAST NAME BYRON FIRST NAME JERRY MIDDLE A INITIAL	37				
17	STREET NEW ADDRESS 8124 143RD AVE NE	38				
18	CITY LAKE STEVENS ST WA ZIP 982589635	0 39				
19	CDL RESTRICTIONS ENDORSEMENTS	0 40				
20	DRIVER'S LICENSE # BYRONJA332Q4 STATE WA SEX M D.O.B. MDDYYYY 11 24 1967					
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES					
22	LICENSE PLATE # C26220D STATE WA VIN# 1GCGG25C191130255					
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41				
24	VEH. YEAR 2009 MAKE CHEV MODEL CARGOV STYLE CG VEHICLE TOWED YES NO VEHICLE TOWED YES NO VEHICLE TOWED YES NO VEHICLE NO. 2	1 42				
	LIABILITY INSURANCE V INSURANCE CO FARMERS 605 878 476 NEFFECT INSURANCE CO FARMERS 605 878 476 NEFFECT INSURANCE CO FARMERS 605 878 476 NEFFECT INSURANCE CO FARMERS 605 878 476					
25	VEHICLE YES ✓ NC CITATION # CHARGE CHARGE 8 7					
26	OFFICER'S NAME (PRINT) C. LYONS BADGE OR ID # 0134 AGENCY WA0311900					
	PART A 3000-345-159 R (7/06)					





CORRECTION

CASE #

REPORT NO.

E561371

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9	1	9	72		

2016-00013051

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY	
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIE	
NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY	
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIE	
NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY	
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE CLASS CLASS	
NARRATIVE	
Please see subsequent narrative pages	
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72	085)
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72 C. LYONS O7-06-16 07:57 AM INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED PLACE SIGNED	085)
	D85)

REPORT NO.

E561371

CASE#

2016-00013051

DATE AND TIME

07/06/16 06:49

NARRATIVE

Today 07-06-16, at approximately 0649 hours, I was waived down near the intersection of 20th St SE and 79th Ave SE for a collision that had just occurred. The collision was between two non-injury, non-blocking vehicles, that were pulled off onto the shoulder.

Upon contact, Unit 2 stated he was stopped in traffic at the stop light on 20th St SE. Unit 2 began to move forward with traffic thru the intersection, going from eastbound to westbound on 20th St SE, when traffic came to a stop again. When Unit 2 came to a stop, Unit 1 did not stop in time and rearended his vehicle.

Unit 1 stated he was following traffic, going westbound on 20th St SE, when Unit 2 came to a stop before he knew it. At that time, Unit 1 rear-ended Unit 2.

Unit 2 suffered damages to the rear bumper of the vehicle, where the whole bumper was bent downwards. Unit 1 suffered minor scratches and dents to the front bumper of the vehicle.

Both Unit 1 and Unit 2 stated they were not injured and refused the need of Aid. Both Unit 1 and Unit 2 stated neither needed a tow, where they drove away from the scene.

Both Units were given an exchange of information and I cleared the scene.

Officer C. LYONS #134, Lake Stevens Police

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

C. LYONS #134	7/6/2016	Lake Stevens, WA
Officer	Date	Location Signed

REPORT NO. E561371

CASE# 2016-00013051 DATE AND TIME 07/06/16 06:49

